



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

PROFESSIONAL EMPLOYER ORGANIZATIONS

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 40-68-10 et seq.
www.sccconsumer.gov
(803) 734-4200

Street Address
3600 Forest Drive
Columbia, SC 29204-4006

PROFESSIONAL EMPLOYER ORGANIZATION COMPLAINT FORM

(Please type or print in black ink)

Pursuant to the provisions of South Carolina Code § 40-68-10 et seq. (2001) as amended, and South Carolina Regulation 28-982, the Department has the authority to regulate and address complaints against Professional Employer Organizations (PEOs) (formerly known as Staff Leasing companies in South Carolina). Please provide as much of the information requested below as possible concerning your complaint.

Your Name					
Your Home Address					
City		State		Zip	
Telephone No.					
E-Mail Address					
Name of PEO or PEO Group					
Business Address					
City		State		Zip	
Telephone No.		Fax No.			
Name of Your Employer					
Contact Person					
Business Address					
City		State		Zip	
Telephone No.		Fax No.			

Have you contacted the PEO and/or your employer concerning this complaint?

☐ Yes ☐ No (Check one)

If yes, what was the response? (Attach any written correspondence)

Have you contacted another government agency regarding this complaint?

☐ Yes ☐ No (Check one)

If yes, what agency or agencies? (Attach any written correspondence)

Have you retained a private attorney or initiated a civil court case against the PEO?

☐ Yes ☐ No

If yes, please provide the name and address of your attorney. Provide the docket number of the court case and attach copies of any court papers that have been filed.

Name of Attorney					
Business Address					
City		State		Zip	
Telephone No.		Fax No.			

Court Case Docket No.	
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Please provide the full details of your complaint and resolution you are seeking. Include all facts details and dates. Attach copies of all relevant bills, documents, records, correspondence, and contracts. Use separate pages if necessary.

**A COPY OF THIS FORM WILL BE SENT TO THE PROFESSIONAL EMPLOYER ORGANIZATION WHICH YOU
HAVE FILED THIS COMPLAINT AGAINST FOR THEIR WRITTEN RESPONSE.**

Signature

Date

The completed Form should be submitted to:

South Carolina Department of Consumer Affairs
Attn: PEO Licensing and Regulation
P.O. Box 5757
Columbia, SC 29250-5757

PLEASE DO NOT FAX THIS FORM. AN ORIGINAL SIGNED FORM IS REQUIRED.

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.